

EXHIBIT 4DATE 1/11/07NO. 98

**The Montana Children's System of Care &  
The President's New Freedom Commission on Mental Health,  
Achieving the Promise:  
Transforming Mental Health Care in America**

The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America report is being utilized in Montana as a guide to continue its development of a strong mental health system.

The Montana Children's System of Care (SOC), under the direction of the Children's Mental Health Bureau, values, principles and plan are in direct correlation to the New Freedom Commission Report. SAMHSA, the Substance Abuse and Mental Health Services Administration is the federal agency through which the New Freedom Commission and resulting report and recommendations were facilitated. SAMHSA is also the agency advancing the national children's system of care model and has awarded Montana a 6 year grant to advance and implement its own children's system of care.

Following are the New Freedom Commission Goals and recommendations related to the Montana Children's System of Care.

**1. Americans Understand that Mental Health is Essential to Overall Health**

- a. The Montana Children's System of Care is ***working to reduce stigma*** with a statewide effort to reduce stigma of seeking care through education, awareness, collaboration with advocacy groups. The Children's Mental Health Bureau (CMHB) and the Montana Children's Initiative Provider Association are partnering on an education and awareness children's mental health video with the Montana Mental Health Association. TV and radio PSA's will also be produced. The CMHB is also doing additional social marketing by participating in fundraisers, conferences and small meetings for educational outreach. Technical assistance, training and development and dissemination of materials are also being provided.
- b. DPHHS is prioritizing the need to ***address children's mental health with the same urgency as physical health***. By putting the Children's Mental Health Bureau in Health Resources Division it is linked with CHIP and other Children's Special Medical Needs programs that are also managed in this Division. DPHHS recognizes the need for a comprehensive approach to children's health services, no longer stigmatizing and isolating mental health needs.

2. **Mental Health Care is Consumer and Family Driven**
  - a. The Montana Children's SOC Values & Principles are
    - i. **Child Centered and Family Driven**
    - ii. **Community Based**
    - iii. **Culturally Competent**
  - b. **Families and youth are fully involved** in Montana's SOC.
  - c. The Montana Children's SOC **aligns with the SAMHSA, a relevant federal program.**
  - d. Parent professionals/coordinators are required for each KMA implementation site.
  - e. A key component to the Montana SOC and the Kids Management Authorities (KMAs) is **the development of individualized plans of care.**
  - f. AMDD and the CMHB are working together to create **transition services for youth moving into the adult world.**
  - g. The KMAs have 2 functions:
    - i. Individual Care Coordination Teams that focus on developing and funding unified case plans for multi-agency children; and
    - ii. A Community Design Team that focuses on developing the local community system of care and services.
3. **Disparities in Mental Health Services Are Eliminated**
  - a. The Montana Children's SOC is **improving access to quality care that is culturally competent.** The SOC is heavily focused on cultural competence with the State DPHHS and Crow Nation partnership. The Salish Kootenai and Rocky Boy reservations are also currently involved. Other tribes will be included as KMAs are developed.
  - b. Montana is a unique model. Implementing SOC/KMA projects statewide **will improve access to quality care in its rural and geographically remote areas.** Most other states are doing small carve outs such as counties or an urban area.
4. **Early Mental Health Screening, Assessment and Referral to Services Are Common Practice**
  - a. The Montana Children's SOC **promotes the mental health of young children.**
  - b. It is based on a multi-agency comprehensive seamless approach to services, including **improved and expanded school mental health programs and coordination.**
  - c. As needed, children and families receive comprehensive screening and assessment **including primary health care** as a part of referral process to a Kids Management Authority, including **screening for co-occurring and substance use.**
  - d. Because all agencies that work with high risk youth are at the table, **services are tailored to the needs of the youth and family.**

**5. Excellent Mental Health Care is Delivered and Research is Accelerated**

- a. The Montana Children's SOC includes evaluation coordinators for each KMA implementation site and a program analyst works within CMHB. Longitudinal studies will start soon with families at the KMA implementation sites. Conflict cultural surveys have been completed both at the KMA level and at the State Children's System of Care Committee.
- b. The Montana SOC requires a strong evaluation component to **assess outcome measures.**
- c. The Montana SOC **promotes recovery and resilience, cure and prevention** by utilizing nationally recognized "evidence of efficacy" services such as intensive case management, in-home services and therapeutic foster care.
- d. The CMHB is committed to continuing data collection and analysis and **advancing evidence based practices.**

**6. Technology is Used to Access Mental Health Care and Information**

- a. The Montana Children's SOC will help to **improve access and coordination of care** for children and families with the integrated, multi-agency approach utilized by the KMAs. Key decision makers for each public agency work together with the family.
- b. This multi-agency approach used in the KMAs will assist the state in moving towards **integrated electronic records systems.**
- c. The Montana SOC/KMAs will work towards collaborating and **utilizing existing telehealth systems** in the state to reach more rural areas.

Prepared By:

Jani McCall - Cell 670-3084

Montana Children's Initiative Provider Association - MCI

November 2, 2006